

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024272
State File No.

FILED JUN 20 1958

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>SIKESTON</u> c. LENGTH OF STAY (in this place) <u>1 DAY</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. DELTA COMMUNITY HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> c. CITY (If outside corporate limits) write RURAL and give township) OR <u>RURAL MORLEY TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 BENTON, MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>HARRY BRIAN BRYAN</u>		a. (First) <u>BRYAN</u> b. (Middle) <u>BOLEY</u> c. (Last) <u>BOLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MARCH 3 1952</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>ROY T. BOLEY</u>		13b. MOTHER'S MAIDEN NAME <u>LORETTA LEE DAUGHERTY</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROY T. BOLEY</u>		ADDRESS <u>BENTON, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uteroleiomyosarcoma (Fous)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>1930</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>58</u> , to <u>5-21</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>58</u> , and that death occurred at <u>8:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or Title) <u>MD</u>				23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <u>6-7-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 25 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILL MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-10-58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>ORAN, MO.</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED

6-16-58

SCOTT CO. HEALTH DEPT.

CO. FILE No.

658-139

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Earl J. Smith

Licensed Embalmer No. *2676*

P. O. Address *Owen, 9/10.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.